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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

D-7888

First Named Inventor

Jean-Christophe Bonnain

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGING SYSTEM, APPARATUS AND METHOD THEREFOR

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
0122675.2	GB	09/20/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number:  OR ☒ Correspondence address below

Name		MeadWestvaco Corporation	
Address		Law Department	
		4850 North Church Lane, SE	
City		Smyrna, Georgia 30080	ZIP
Country	Telephone	Fax	
USA	(404) 897-4425	(404) 897-4426	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) JEAN CHRISTOPHE	Family Name or Surname BONNAIN
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Inventor's Signature	Date
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Residence: City CHATEAUROUX	State	Country FRANCE	Citizenship FRENCH
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Mailing Address

MEADWESTVACO CORPORATION, LAW DEPARTMENT, 4850 NORTH CHURCH LANE, SE, SUITE D

City SMYRNA	State GA	ZIP 30080	Country USA
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NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) FREDERIC	Family Name or Surname CHABANNE
---	---------------------------------------

Inventor's Signature	Date
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Residence: City CHATEAUROUX	State	Country FRANCE	Citizenship FRENCH
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Mailing Address

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City SMYRNA	State GA	ZIP 30080	Country USA
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Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ARNAUD		BOUTIN	
Inventor's Signature		Date	
Residence: City MAILLET	State	Country FRANCE	Citizenship FRENCH
Mailing Address MEADWESTVACO CORPORATION, LAW DEPARTMENT			
Mailing Address 4850 NORTH CHURCH LANE, SE SUITE D			
City SMYRNA	State GA	Zip 30080	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Olivier		QUIBEL	
Inventor's Signature		Date	
Residence: City CHATEAUROUX	State	Country FRANCE	Citizenship FRENCH
Mailing Address MEADWESTVACO CORPORATION, LAW DEPARTMENT			
Mailing Address 4850 NORTH CHURCH LANE, SE, SUITE D			
City SMYRNA	State GA	Zip 30080	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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